

MAY 30 2002

SURx  
Women's Health First

K020952

1/2

Premarket Notification:  
SURx RF System, Labeling Change

## SECTION 1.3

### 510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

#### REGULATORY AUTHORITY

Safe Medical Devices Act of 1990, 21 CFR 807.92

#### COMPANY NAME/CONTACT

Alan Curtis  
SURx  
2675 Collier Canyon Road  
Livermore, CA 94550  
(925) 398-4500 (phone)  
(925) 398-4509 (facsimile)  
acurtis@surx.com

#### NAME OF DEVICE

Trade Name:	<u>SURx RF System</u>
Common Name:	Electrosurgical System
Device Product Code:	GEI
Classification Name:	Electrosurgical Cutting and Coagulation Device and Accessories (21 CFR 878.4400)
Device Panel:	General Surgery/Restorative Devices
Device Classification:	Class II

#### PREDICATE DEVICES

- SURx LP System (K011190)
- SURx TV System (K020126)

#### DEVICE DESCRIPTION

The SURx RF System consists of two components: the SURx Radiofrequency (RF) Generator and the SURx Applicator. The SURx Applicator connects to the Generator. The SURx Applicator is supplied sterile and intended for single use. The Applicator uses a bipolar design, such that no return pad is required for operation. The tip of the Applicator contains a thermistor to monitor temperature at the targeted area. Two applicators are available: one for use when performing this procedure using a laparoscopic approach (LP Applicator), the other applicator is used during a transvaginal approach (TV Applicator).

000004

The SURx Transvaginal (TV) Sizer is an optional accessory for use with the SURx TV Applicator. The SURx TV Sizer confirms the exposed area for treatment is adequate to determine if additional blunt dissection is required prior to applying the SURx TV Applicator tip on the tissue to treated.

#### **INDICATION FOR USE STATEMENT**

The SURx RF System is indicated for shrinkage and stabilization of female pelvic tissue for treatment of stress urinary incontinence due to hypermobility.

#### **SUBSTANTIAL EQUIVALENCE COMPARISON**

##### **Technological Characteristics**

There has been no change to the generator or applicators. The system is identical to that cleared in the referenced 510(k)s.

##### **Indications for Use**

Substantial equivalence for the SURx RF System is supported by the predicate devices, which has an identical indication statement.

##### **Clinical Performance Data**

The SURx RF System has been cleared for the treatment of female stress urinary incontinence. Clinical analysis was conducted to support the change in the language in the indications for use statement. Sufficient data have been gathered from clinical studies to determine that the SURx RF System performs as clinically intended and that no new issues of safety and effectiveness are introduced.

##### **Literature Review**

Published literature was reviewed on devices cleared for the treatment of female urinary incontinence as additional supporting documentation to support the modified indication for use.

#### **CONCLUSION**

Based on the design, materials, function, intended use, and clinical evaluation, the SURx RF System is substantially equivalent to the devices currently marketed under the Federal Food, Drug and Cosmetic Act. Safety and effectiveness are reasonably assured, justifying 510(k) clearance.

**000005**



NOV 4 2010

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room W-O66-0609  
Silver Spring, MD 20993-0002

Mr. Alan Curtis  
Vice President, Regulatory and Clinical Affairs  
SURx, Inc.  
2675 Collier Canyon Road  
LIVERMORE CA 94550

Re: K020952

Trade/Device Name: SURx RF System

Regulation Number: 878.4400

Regulation Name: Electrosurgical cutting and coagulation device and accessories

Regulatory Class: II

Product Code: MUK

Dated: March 22, 2002

Received: March 25, 2002

Dear Mr. Curtis:

This letter corrects our substantially equivalent letter of May 30, 2002.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

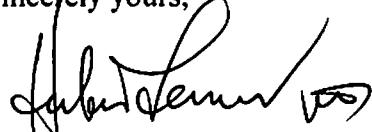
Page 2 – Mr. Alan Curtis

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOFFICES/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



Herbert P. Lerner, M.D., Director (Acting)  
Division of Reproductive, Gastro-Renal,  
and Urological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

## **SECTION 1.2**

### **INDICATIONS FOR USE STATEMENT**

510(k) Number: K020952

Device Name: SURx RF System

#### **Indications for Use:**

The SURx RF System is indicated for shrinkage and stabilization of female pelvic tissue for treatment of stress urinary incontinence due to hypermobility.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

---

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X or Over-The-Counter Use \_\_\_\_\_  
(Per 21 CFR 801.109)

Miriam C. Provost  
(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

510(k) Number K020952

**000003**